

Moral Injury

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Thank you

- Jake Farnsworth, PhD
- Todd McKee, MDiv
- Carie Rodgers, PhD
- Patricia Watson, PhD

Agenda

- What is Moral Injury?
- Moral Injury and PTSD
- Assessing Moral Injury
- Treating Moral Injury and its components
 - Therapist Considerations
 - PTSD Treatments
 - Novel Treatments

What is Moral Injury?



An **event** occurs where someone's values and morals are violated by perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and values.

The person feels **moral pain** (involving emotions and cognitions) in response to the event.



Moral injury is the lasting psychological, biological, spiritual, behavioral, and social Impact of the morally injurious event.

Moral Injury

The moral injury syndrome was proposed to describe the constellation of shame and guilt based disturbances that some combat veterans experience after engaging in wartime acts of commission (e.g., killing) or omission (e.g., failing to prevent atrocities)

Frankfurt & Frazier, 2016

Spiritual Definition

The individual suffering from spiritual injury has difficulty understanding how his or her view of faith, spirituality, relationship with God, and God's involvement in one's life can be true given the horrific experiences observed. A person suffering from spiritual injury doesn't have answers to the questions related to the trauma he or she has experienced, is unsure how to resolve this tension and find the answers, and/or may be doubting that God is trustworthy.

Fuson, 2013

Moral Injury and Spiritual Injury

Moral Injury

- From events that transgress deeply held moral beliefs
- Morality could be based in religion or spirituality but may come from culture, family, and other groups
- Often results in guilt and shame

Spiritual Injury

- From events that call into question foundational religious values and beliefs (justice, divine power, meaning, etc.)
- Sometimes referred to as a wound to the soul
- Often results in a broader existential or spiritual crisis about doubt, truth, hope, and relationship to the divine and/or faith community

Potentially Morally Injurious Events in War



Perceived betrayal (by peers, leadership, civilians or self)



Acts of disproportionate violence inflicted on others



Engaging in or witnessing acts that violated personal moral beliefs



Incidents involving death or harm to civilians, collateral damage



Within ranks violence



Wishing you had done something that you didn't do



Some Veterans feel guilty for NOT killing.



Some have to forgive comrades for unjustifiable acts that the Veteran felt powerless to confront.



Noncombat veterans sometimes feel guilty when they have seen fellow soldiers volunteer for dangerous missions.



Nurses and medics may feel guilty about the life and death decisions they made.



Survivor's guilt is common; it can interfere with Veterans' ability to enjoy their lives.



Others have guilt for killing women and children or committing “friendly fire” or intentional killing of perceived poor leaders.



Some veterans feel guilty for what they have put their family through.

How common is MI?

- NHVRS: Combat Veterans completed Moral Injuries Events Scale (Wisco, et al., 2017)
 - 26% betrayal
 - 26% transgression by others
 - 11% transgression by self

MI associated with distress

- Suicidal thoughts and behavior
- Depression
- Substance use
- PTSD...

Braitman et al., 2018; Bryan et al., 2018

Self-directed MI – Guilt and shame



Common following trauma and combat

- 54% endorse posttraumatic guilt in their lifetime
- 41% endorse current posttraumatic guilt
- 35% report being moderately to extremely bothered by their guilt

Miller et al., 2012

Can exacerbate
posttraumatic distress

Persists without treatment

Guilt

Shame

**I did something
bad.**

I am bad.

Guilt/Shame and Posttraumatic Reactions

Journal of Psychiatric Research 100 (2018) 56–62

Contents lists available at ScienceDirect

Journal of Psychiatric Research



Journal of Traumatic Stress



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Shame versus trauma-related guilt as mediators of the relationship between PTSD symptoms and posttraumatic stress

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Cognitive and Behavioral Practice 21 (2014) 78–88

Cognitive and Behavioral Practice

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[Crocker, Laura D.](#)

Citation

Crocker, L. D., Haller, M. B., & Stein, M. B. (2014). Shame versus trauma-related guilt as mediators of the relationship between PTSD symptoms and posttraumatic stress. *Cognitive and Behavioral Practice*, 21(1), 78–88. <http://dx.doi.org/10.1016/j.cbpr.2014.01.001>

Trauma Informed Guilt Reduction Therapy With Combat Veterans

Sonya B. Norman, VA San Diego Healthcare System, University of California–San Diego, and National Center for PTSD
Kendall C. Wilkins and

Ursula S. Myers, San Diego State University/University of California, San Diego Joint Doctoral Program
Carolyn B. Allard, VA San Diego Healthcare System, University of California–San Diego

MI Events/Traumatic Events

Moral Injury

Criterion A

- Often but not always related to life-threatening events
- Event transgresses understanding of morality

- Usually related to life-threatening events
- Often but not always fear based reaction

Moral Injury / PTSD Overlap

Moral Injury

PTSD

- Spiritual
- Existential
- Avoidance: protect others from you
- Not deserving to get better
- Less Research
- Less Consensus

Reminders
Suicide risk
Intrusive Thoughts
Sleep Issues
Substance Use
Self-destructive
Negative Cognitions
Guilt/Shame
Anger, Disgust, Betrayal
Loss of meaning/purpose
Social problems
Trust issues
Spiritual changes
Fatalism
Sorrow

- Reexperiencing
- Hyperarousal
- Avoidance: preventing reminders
- More research
- More consensus

Moral Injury and PTSD

- More MI events related to greater PTSD and depression symptom severity
- Greater MI reaction related to greater symptom severity
- Having both MI and PTSD associated with highest suicidal thoughts and behaviors (Bryan et al., 2018)

ASSESSMENT

Spirituality and Moral Injury Assessment



Are you affiliated with a religious or spiritual community?



Do you see yourself as a religious or spiritual person? If so, in what way?



Has your religion or spirituality changed over the years, and if so, in what ways?



Has your religion or spirituality been involved in the way you have coped with the events in your life? If so, in what way?

MI Self-Report Measures

- Moral Injury Events Scale (MIES; 9 items; Nash et al., 2013)
 - Perpetration by others, by self, betrayal
- Moral Injury Questionnaire (MIQ; 20 items; Currier et al., 2015)
 - Assesses exposure to and frequency of MI events
 - Atrocities, Psychological Consequences, Leadership Failure/Betrayal in war
 - Modified version (Braitman et al., 2018) with common reactions:
 - Guilt, shame, difficulty forgiving self and others, and withdrawal
- Expressions of Moral Injury Scale (EMIS; 17 items; Currier et al., 2017)
 - Self- and other-directed moral emotions

Moral Injury Events Scale (MIES)

- **Perpetration Other Subscale**
 - I saw things that were morally wrong
- **Perpetration Self Subscale**
 - I am troubled by having acted in ways that violated my own morals or values
 - I violated my own morals by failing to do something that I felt I should have done
- **Betrayal Subscale**
 - I feel betrayed by leaders who I once trusted

Moral Injury Outcomes Scale – In progress (Yeterian et al., 2019)

- Gathering phenomenological data from Service Members, Veterans, clinicians
- Semistructured interviews and questionnaires conducted with care providers show early themes:
 - Psychological/behavioral, social, and spiritual/existential impacts

Assessing Critical Factors of MI

- Guilt
- Shame
- Anger
- Grief/loss
- Betrayal

Guilt and Shame

- Is the person experiencing guilt and shame?
- Trauma Related Guilt Inventory (TRGI)
 - Kubany et al., 1997
- The Trauma Related Shame Inventory
 - Oktedalen et al., 2014

MORAL INJURY INTERVENTION

Therapist Considerations

- Be patient
- Stay open/alert to understand MI
- Accepting, non-judgemental, empathic stance
- Stay alert to own presumptions about perpetration, morals, and values

PTSD Treatment for MI or MI Components – Mixed Results

- Trauma focused treatments can reduce guilt (e.g., Clifton, Feeny, Zoellner, 2017; Resick et al., 2002)
- Guilt may not change with PTSD treatment (e.g., Larsen et al., 2019; Owen, Chard, Cox, 2008)
- Greater guilt severity associated with less PTSD change (Oktedalen, 2015)
- Is MI a focus of therapy?

Addressing Traumatic Guilt in PTSD Treatment

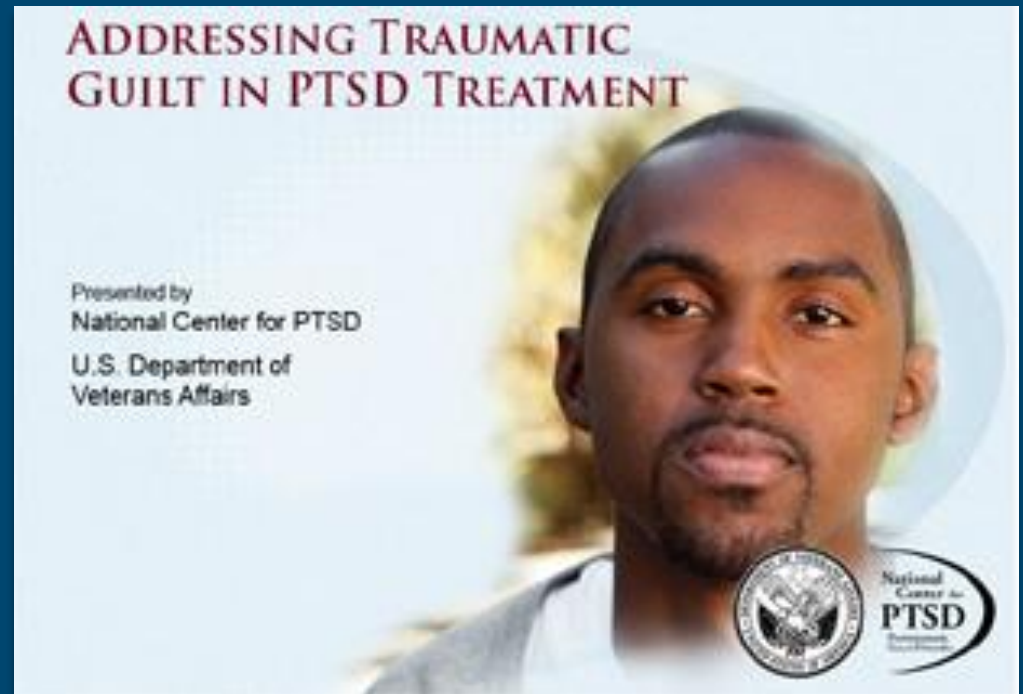


**In Prolonged
Exposure
Therapy**

and



**In Cognitive
Processing
Therapy**



www.ptsd.va.gov/professional/continuing_ed/guilt_ptsdTX.asp

Novel MI Interventions



Acceptance and Commitment therapy for MI – Farnsworth et al., 2017



Adaptive Disclosure – Gray et al., 2012



Impact of Killing Treatment Program – Maguen et al., 2017



Spiritually oriented consultation



Trauma Informed Guilt Reduction – Norman et al., 2014

ACT for Moral Injury

Veterans learn skills to move toward their values in the presence of moral pain following the experience of morally injurious events.

New RR&D grant to assess acceptability and feasibility

72 warzone Veterans reporting current functional impairment related to moral injury.

Lauren M. Borges, Ph.D. and Sean M. Barnes, Ph.D., Co-I's Jacob K. Farnsworth, Ph.D., Robyn D. Walser, Ph.D., Kent D. Drescher, Ph.D., Wyatt Evans, Ph.D., and Craig Rosen, Ph.D., and Consultants Lisa A. Brenner, Ph.D., Jason A. Nieuwsma, Ph.D. and Joseph M. Currier. Ph.D.

ACT for MI Recorded Webinar



The slide features a dark blue header with the VA logo and U.S. Department of Veterans Affairs text on the left, and a stylized mountain range graphic on the right. The main content area is white with blue text. The title is in a large, bold font. Below the title, the date and event name are listed. The presenter's name and credentials are listed at the bottom left, and the Rocky Mountain MIRECC logo is at the bottom right.

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Acceptance and Commitment Therapy for Moral Injury (ACT-MI): Moving with Moral Pain Towards a Meaningful Life

HSR&D Cyberseminar May 13, 2019

Lauren M. Borges, Ph.D.
Clinical Research Psychologist
VA Rocky Mountain MIRECC for Veteran Suicide Prevention
Lauren.Borges2@va.gov

 ROCKY MOUNTAIN
MIRECC

https://www.hsr.d.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3592&Seriesid=78

Adaptive Disclosure



About 8 sessions of experiential, exposure-based work



Exposure used to uncover meaning and implication of traumatic events



If trauma includes loss, patients have imaginary emotionally evocative real-time dialogue with lost person



Patients are guided through a dialogue with a forgiving and compassionate moral authority about the transgression



May include self-compassion or mindfulness meditations.

Impact Of Killing Treatment Program



6 sessions to augment EBP's



Psycho-ed: Biopsychosocial aspects of killing in war that may cause moral injury



Identify meaning and cognitive attributions related to killing in war



Self-forgiveness through CT and for some spiritual intervention

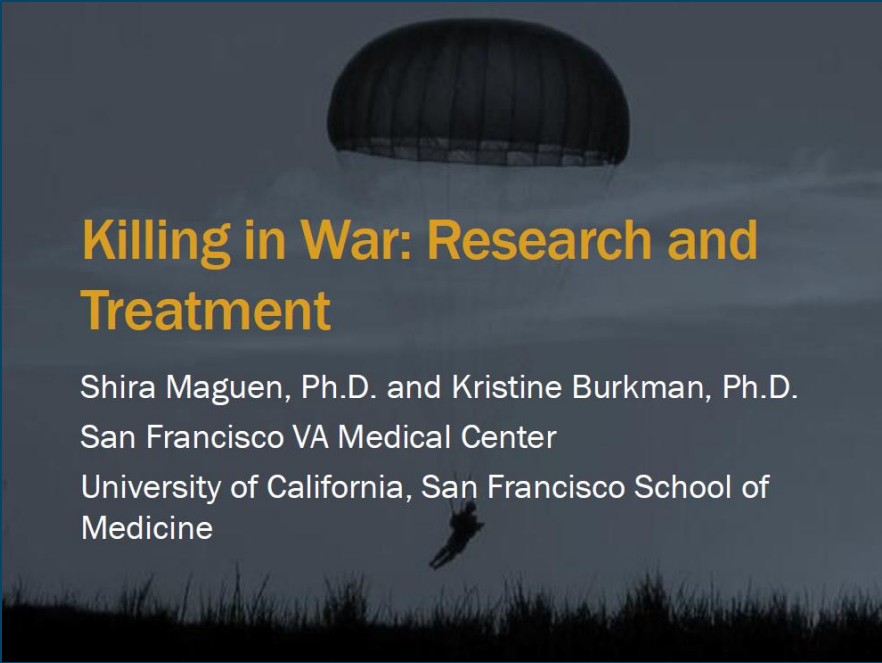


Making amends may involve forgiveness letters or action plan



Initial study shows helpful for mental health symptoms and community involvement

IOK Recorded Webinar



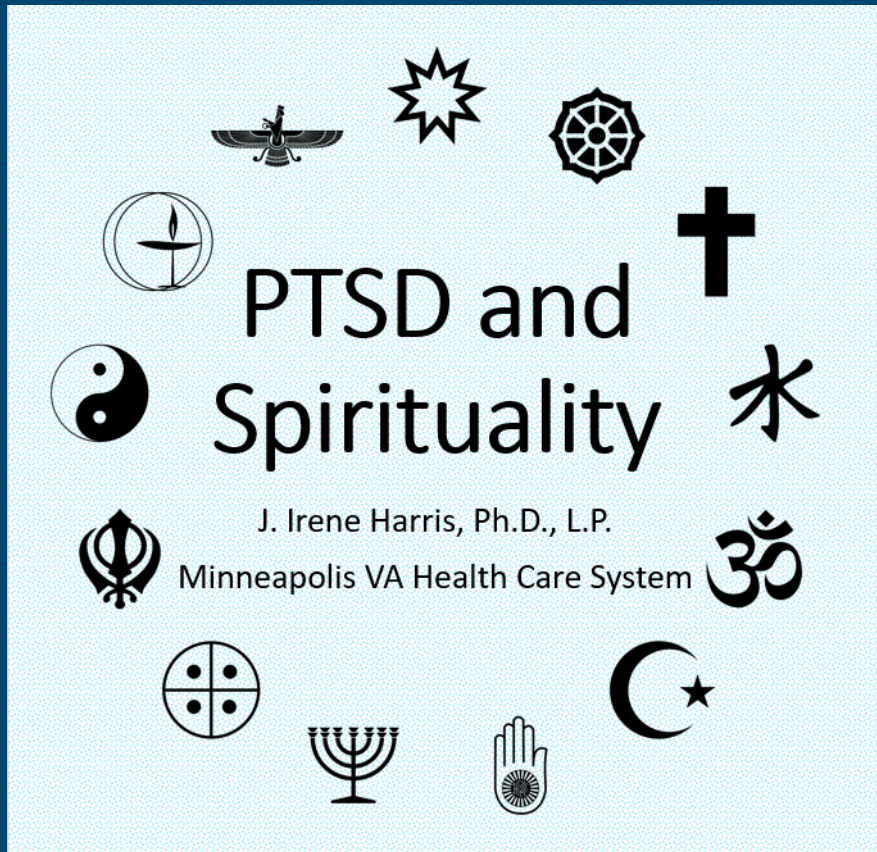
Killing in War: Research and Treatment

Shira Maguen, Ph.D. and Kristine Burkman, Ph.D.
San Francisco VA Medical Center
University of California, San Francisco School of
Medicine

To access the archive go to
vaww.ptsd.va.gov/training.asp
and look in the 2015 archive

(available only on the VA network)

Spiritual Interventions



To access the archive go to
www.ptsd.va.gov/consult
and click on the Lecture
Series tab
(see February 2019 under
“Previous Lectures”)

TrIGR

TRauma Informed Guilt and Shame Reduction

Sonya Norman

Carolyn Allard, Kendall Browne, Christy Capone, Brittany Davis, Edward Kubany

- 3 Modules, 4-6 Sessions
- CBT + acceptance principles
- Transdiagnostic

1. Psychoeducation
2. Appraisal
3. Values



Moral Injury

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Frankfurt & Frazier, 2016

Moral Injury

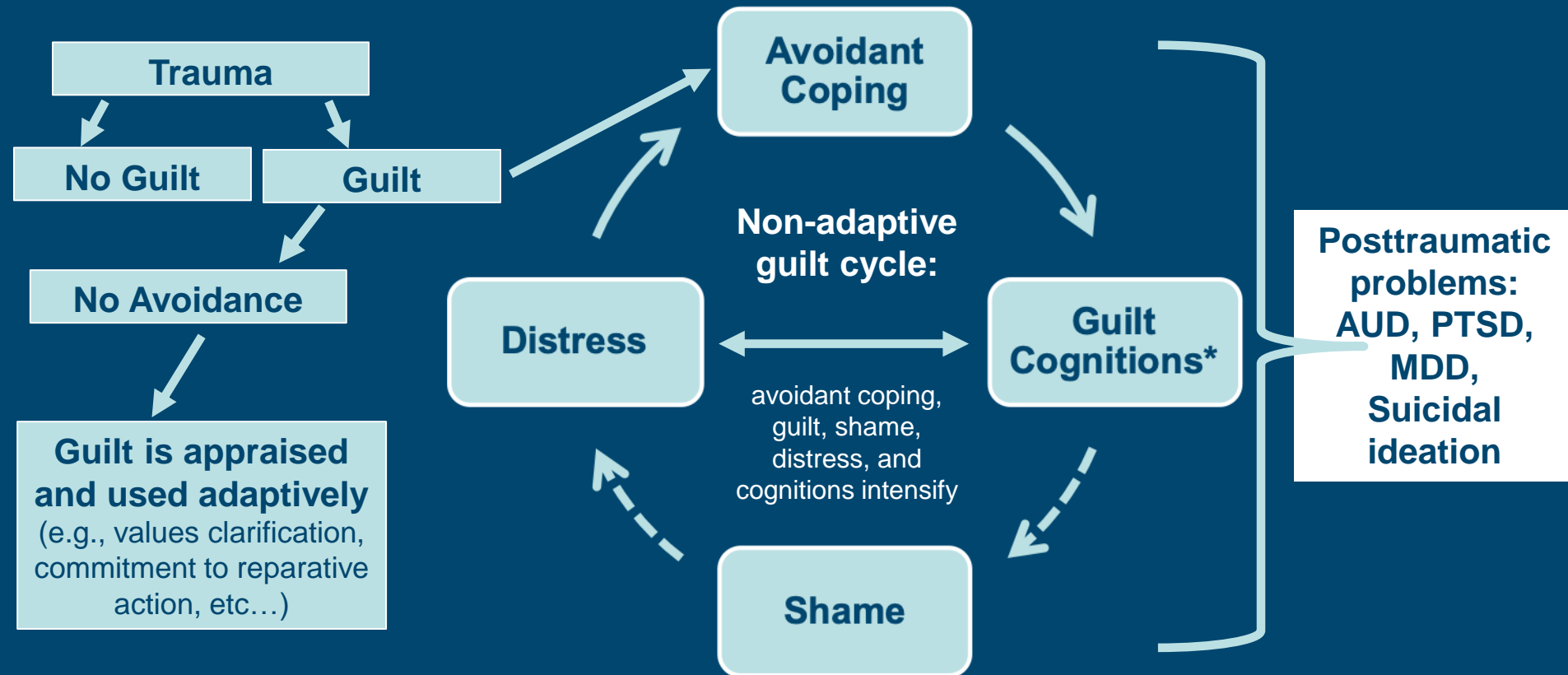
Moral injury is a particular type of psychological trauma characterized by intense guilt, shame. . .

Jinkerson, 2016

Module 1: Psychoeducation

- Non-adaptive guilt and shame model
- Association between guilt/shame and other posttraumatic distress, moral injury
- Start to explore the function of guilt /shame
- Common reasons
 - (e.g., killing for pleasure/feeling nothing guilt; atrocity guilt)

Model of Non-Adaptive Guilt and Shame (NAGS) Cycle



*unappraised guilt as evidence of wrong doing

Module 2: Appraisal

- Identify source(s) of guilt, shame, MI
 - Should/shouldn't have thoughts
- Debrief
 - Foreseeability/Preventability
 - Justification
 - Responsibility
 - Wrong Doing

Justification Analysis

	What you did	Option 1 - Mourn	Option 2 – Tell everyone to act appropriately	Option 3 -
Pros				
Cons				

Justification Analysis

	What you did	Option 1 - Mourn	Option 2 – Tell everyone to act appropriately	Option 3 -
Pros	Got the job done, cope with situation, pull my share	Human reaction	Human reaction	
Cons	Disrespected family	Stand out, not do job, put others in danger	Stand out, alienate self further, insubordinate	

Responsibility Analysis

	Responsibility	%
1	Me	90
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		

Responsibility Analysis

	Responsibility	%
1	At war	90
2	Staff sergent's orders	90
3	Consequences of insubordination	100
4	Not wanting to embarrass my family	80
5	Sleep deprivation	70
6	Felt numb, didn't feel real	80
7	Didn't want to stand out	90
8	Survivor instinct	90
9		
10		
Total		490



■ me
■ Other

Modules 3: Morals and Values

- What would it mean to go on with life feeling less guilty?
- What function does guilt serve re: morals and values?
- Identify values in a number of domains
 - Memorial Service Exercise
 - Activity Tracking
- Set short and long term goals to live more closely aligned with morals and values
 - Trouble shoot
 - Reparative action???





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Cognitive and Behavioral Practice 21 (2014) 78–88

**Cognitive and
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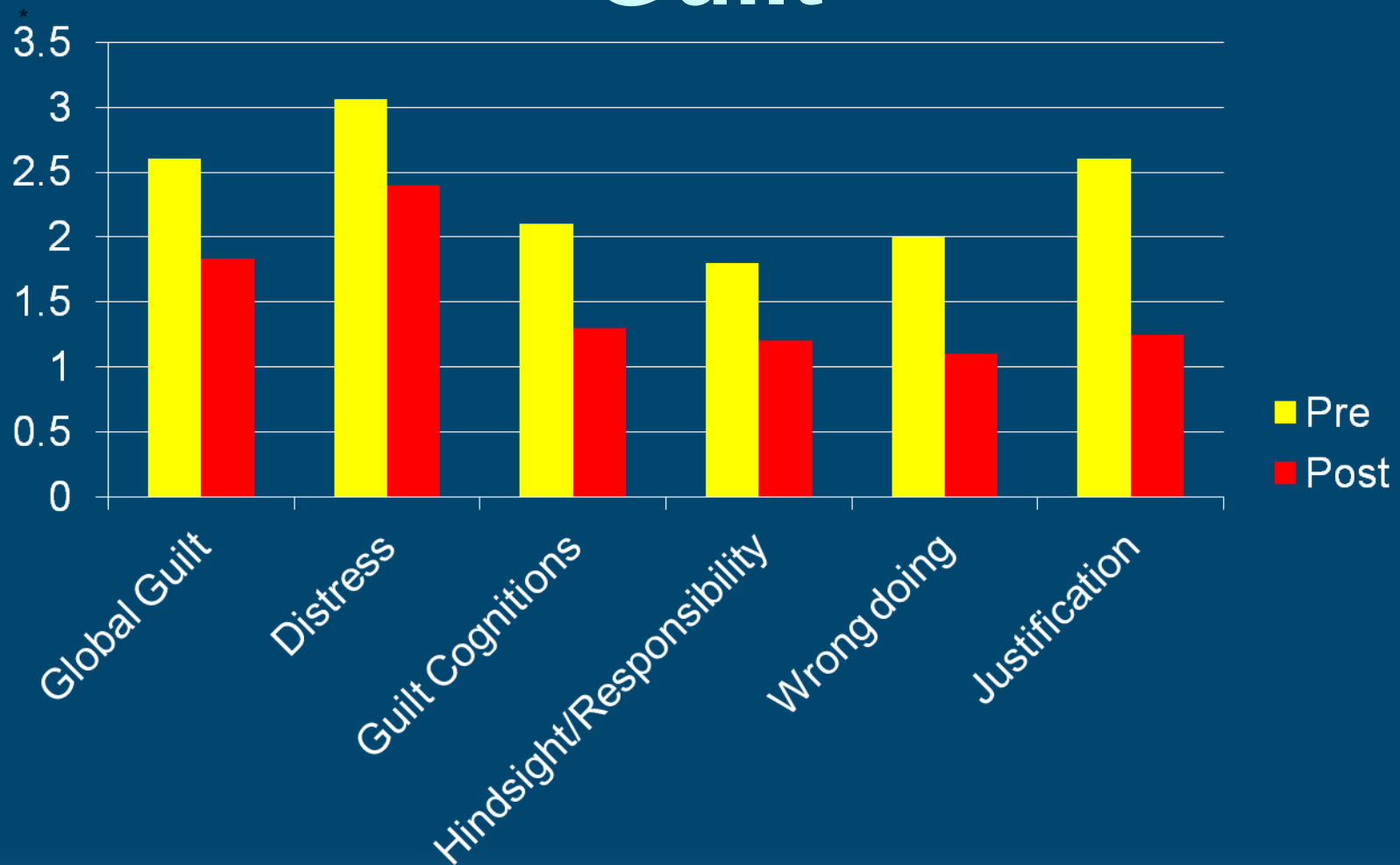
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Trauma Informed Guilt Reduction Therapy With Combat Veterans

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Carolyn B. Allard, *VA San Diego Healthcare System, University of California–San Diego*

Guilt



DoD Funded 2-Site Study

- TrIGR v supportive therapy
- Transdiagnostic
 - PTSD, depression, substance use, suicide
- Post 9/11 Veterans- Deployment Traumas

Collaborators

- Christy Capone
- Paula Schnurr
- Tracie Shea
- Ariel Lang
- Carolyn Allard
- Brittany Davis
- Kendall Browne
- Laura Westendorf
- Moira Haller
- Jessica Tripp
- Colleen Kennedy
- Elizabeth Straus
- Robert Lyons

Where do we go next?

- Work toward consensus
 - Definitions, components
- Measurement
- Understand relationship with symptoms
- MI and treatment
 - Understand effect on existing treatments
 - Understand effect of existing treatments
 - Understand effect of novel treatments
 - Who is likely to benefit from what treatments?
 - Sequencing?
- Non-military traumas



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and be sure to include your
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evaluation.*



*Follow the
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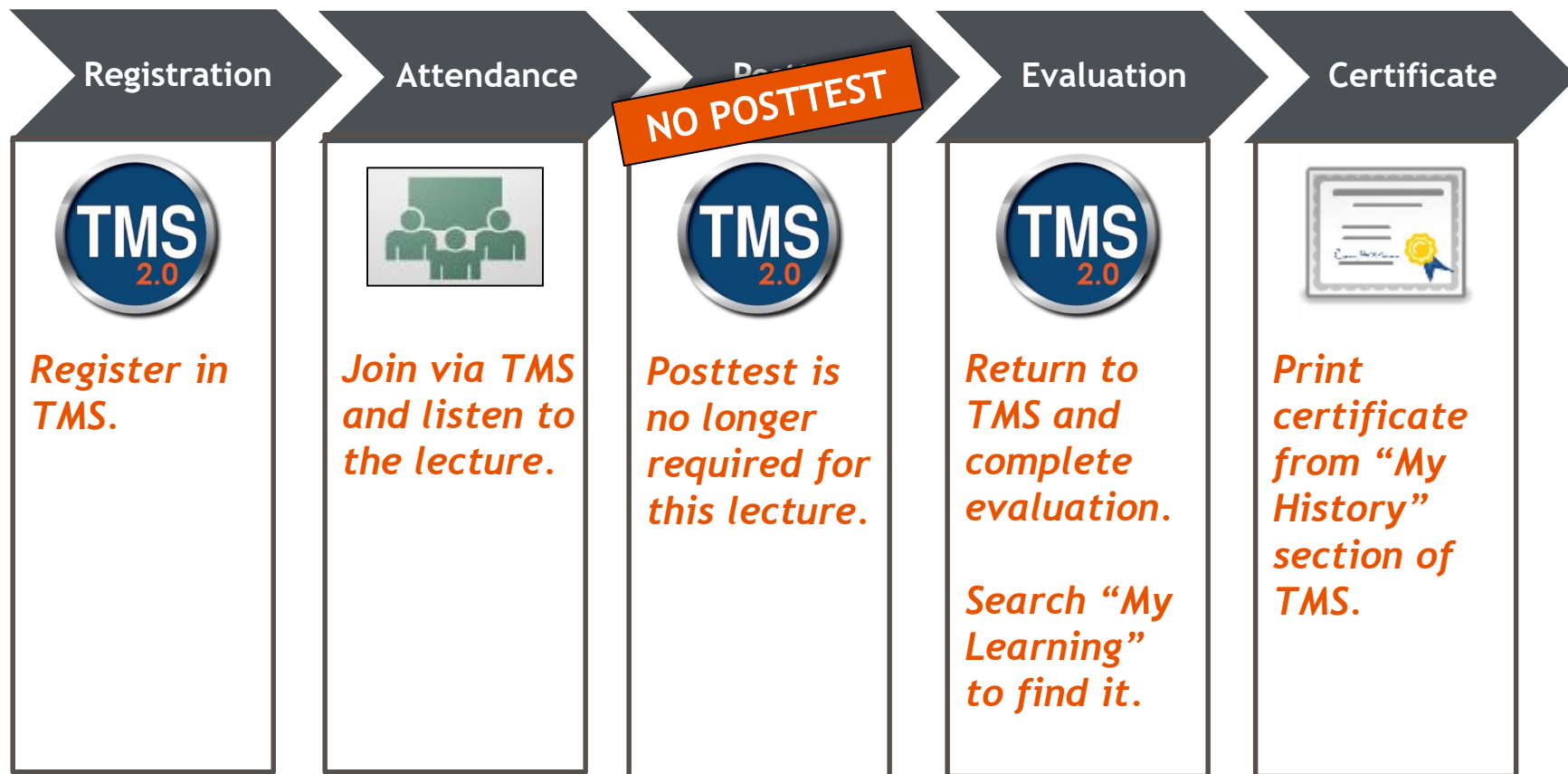


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CEU Process (for VA employees)





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UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

June 19	<i>Cognitive Processing Therapy with Diverse Populations</i>	Shannon Wiltsey-Stirman, PhD
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July 17	<i>Genetics research on PTSD: New findings from the Psychiatric Genomics Consortium</i>	Karestan Koenen, PhD
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August 21	<i>Focal Brain Stimulation for PTSD</i>	Paul Holtzheimer, MD
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September 18	<i>Treating PTSD and Cognitive Impairment from Traumatic Brain Injury</i>	Amy Jak, PhD
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October 16	<i>Unconventional Interventions for PTSD: Available but Evidence-Based?</i>	Paul Holtzheimer, MD
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November 20	<i>Addressing Sleep: A Strategy for Symptom Reduction & Suicide Prevention?</i>	Wilfred Pigeon, PhD
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December 18	<i>Treating Comorbid PTSD and Borderline Personality Disorder</i>	Melanie Harned, PhD, ABPP
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